24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Win Justice	
	C C00672394
Check if 24-hour report	
Full Name of Payee	Date of Public Distribution/Dissemination
Hard Knocks Field LLC	M M / D D / Y Y Y Y
Mailing Address 10800 Biscayne Blvd Ste 1050	09 07 2018 Amount
City State Zip Code	9149.99
Miami FL 33161	Transaction ID: 24-02-00065-00121 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Category/ Type	09 07 7 2018
Name of Federal Candidate Support Office	ce Sought: House District:00
Nelson, Bill, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb 2018	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Hard Knocks Field LLC	09 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10800 Biscayne Blvd Ste 1050	30 00 2010
	Amount
City State Zip Code	27201.80
Miami FL 33161	Transaction ID: 24-02-00066-00122 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Category/	M M / D D / Y Y Y Y
Type	09 08 2018
Name of Federal Candidate Support Office	ce Sought: House District: 00
Nelson, Bill, , ,	President Senate State: FL
	pursement For: Primary X General
Per Election for Office Sought 36351.79 201	8 Other (specify) >
(a) CURTOTAL of Benjard Independent Funerality and	
(a) SUBTOTAL of Itemized Independent Expenditures	36351.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expanditures	
(c) TOTAL Independent Expenditures	36351.79
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Pateriya, Deepak, , ,	-M / D D / Y - Y - Y
Signature [Electronically Filed] Date	09 12 2018